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BURGH OF MOTHERWELL AND WISHAW

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year, 1959

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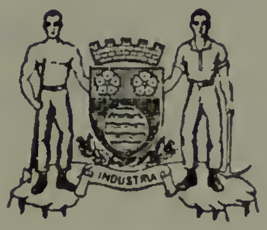

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To the Department of Health for Scotland, The Provost, Magistrates and
Councillors of the Burgh of Motherwell and Wishaw.

Gentlemen,

I have pleasure in submitting my annual report on the health of the Burgh and the work of the Health Department during the year 1959.

The year 1959 is notable for the complete absence of poliomyelitis and a protection rate of 92% against the disease in children under 15 years of age. The problem of tuberculosis continues to improve and for the first time no female died of pulmonary tuberculosis.

On the other hand mortality from lung cancer increased by almost 50% and there was a substantial increase in deaths from the disease among females.

The year was also notable for an outbreak of paratyphoid fever and an unexpected radioactive emergency which are fully described.

Attendances at Town Council clinics continued high and the priority dental service made further progress.

I should like to thank members of the Town Council and in particular members of the Health Committee for their encouraging support during the year. I am also indebted to the officials of other Departments and members of the staff of the Health Department for their constant co-operation and assistance.

I am,
Your obedient Servant,

WILLIAM C. YOUNG,

Medical Officer of Health.

Public Health Department,
49 Airbles Road,
Motherwell.

HEALTH DEPARTMENT STAFF

Medical Officer of Health

William C. Young, M.B., Ch.B., D.P.H., D.P.A.

Depute Medical Officer of Health

John Hamilton, L.R.C.P. & S., D.P.H.

Dental Officers

Thomas G.L. Bell, L.D.S., R.F.P.S.

Thomas T. Meek, L.D.S., R.F.P.S.

Superintendent of Health Visitors Home Nurses and Supervisor of Midwives

Margaret B. MacIntyre, R.G.N., S.C.M., H.V., Q.I.D.N.

Assistant Superintendent of Health Visitors and Home Nurses

Mary I. Whyte, R.G.N., S.C.M., H.V., Q.I.D.N.

Health Visitors

Catherine Anderson
Jessie Brown
Jeanie Freel
Elizabeth Graham
Anne Rhinds
Mary McCue
Martha Reid
Catherine Stevenson
Helen Herbert
Clara Lamb
Ann McGregor
Patricia Quin
Margaret Watters
Mary Coia

Home Nurses

Elizabeth Helling
Mary Cain
Jessie Drew
Mary Gibson
Marjory Johnstone
Janet Herron
Catherine Campbell
Margaret Dunn
Margaret Greenshields
Jean McLaughlin
Margaret Maguire

Clinic Nursing Staff

Assistant Superintendent of Clinics	Elizabeth Young
Sister	Agnes Rintoul
Staff Nurse	Robina Hepburn
Staff Nurse	Mary Murray
Probationer	Elizabeth Laing

Dental Attendants

Dental Attendant	Margaret Sherry
Dental Attendant	Jane Vance

Midwives

Flora Allan
Bessie Ellis
Alice Boylan
Catherine Brownlie
Agnes Lambie
Margaret Jarvie
Janet Ferguson
Bridget Quinn
Mary Allan

Clerical Staff

Suzanne Robertson

Eleanor Morton
Janet Stewart
Barbara Neilson
Moira Foreman
Isabella Brown
Margaret Grant
Agnes Paterson

Welfare Foods

Margaret Freel

Domestic Help Supervisor

Margaret Thomson

Clinics - Child Welfare Centre, Airbles Road, Motherwell

Ante-natal	Mondays and Fridays at 8.45 a.m.
Artificial Sunlight	By arrangement
Chest Clinic	Mondays and Tuesdays at 2 p.m.
Child Welfare	Mondays and Thursdays at 2.30 p.m.
Dental	Mondays and Fridays 9 a.m. (Inspection of New Cases) Otherwise Daily by Appointment
Ear, Nose and Throat	Tuesdays at 11 a.m. (By Appointment)
Immunisation	Fridays at 2.30 p.m.
Midwives Consultation	Wednesdays and Fridays 2.30 p.m.
Poliomyelitis Vaccination	By arrangement
Post-natal and Gynaecological	Wednesdays at 2 p.m.
Tuberculosis Contact and B.C.G. Clinic	Mondays and Thursdays at 10 a.m.
X-ray	Wednesdays at 2 p.m. Fridays at 9.30 a.m. and 2 p.m.

Clinics - Child Welfare Centre, Stewarton Street, Wishaw

Ante-natal	Mondays 1 p.m. and Thursdays 8.45 a.m.
Artificial Sunlight	By arrangement
Child Welfare	Tuesdays and Fridays at 2.30 p.m.
Dental	Mondays 2 p.m. and Thursdays 9 a.m. (Inspection of New Cases) Otherwise Daily by Appointment
Immunisation	Wednesdays at 2.30 p.m.
Midwives Consultation	Tuesdays and Fridays 2.30 p.m.
Poliomyelitis Vaccination	By arrangement
Post-natal and Gynaecological	Thursdays 1.30 p.m.

SUMMARY OF VITAL STATISTICS

FOR YEAR 1959

Population (Registrar General's Estimate)	72,733
Number of live births (Corrected)	1,481
Birth rate per thousand of the population	20.4
Illegitimate birth rate per 100 live births	2.7
Number of deaths (Corrected)	814
Death rate per 1,000 of the population	11.2
Death rate adjusted for age and sex distribution	12.9
Number of deaths of infants under one year	48
Infant mortality rate (per thousand live births)	32
Neonatal mortality rate (per thousand live births)	21
Total number of still-births	27
Still-birth rate per 1,000 total births	18
Number of deaths from all forms of tuberculosis	9
Death rate from all forms of tuberculosis (per 1,000 of population)	0.12
Number of deaths from pulmonary tuberculosis	6
Death rate from pulmonary tuberculosis (per 1,000 of population)	0.08
Number of deaths from malignant disease	145
Death rate from malignant disease (per thousand of the population)	2
Deaths from accidents in the home	20

General Comments

Population

The registrar general's estimate of the population of the Burgh at the middle of 1959 was 72,733, which is 580 more than in 1958.

Deaths

There were 814 deaths from all causes in 1959 which is 42 more than in the previous year.

The outstanding causes of death in this increase for 1959 were cancer, infant deaths in the first few days of life resulting from birth injuries, post natal asphyxia and atelectasis, and accidents in the home.

Deaths from Cancer

145 deaths resulted from cancer in 1959 which is 31 more than in the previous year. There were 31 deaths from lung cancer which is 14 more than in the year 1958. This increase of almost 50% in the mortality from lung cancer is disturbing and it is interesting that, whereas in previous years one or no female died of lung cancer there were 5 deaths in females in 1959.

Infant Deaths

There were 48 infant deaths during the year which is 5 more than in 1958. This increase and, in fact, 65% of all infant deaths occurred in the first month of life, many being in the first few days of life. In our present knowledge of the causes of these early infant deaths the only possible preventive action is improved ante-natal care ensuring that all maternity services in the Burgh are made use of by each mother. Co-ordination of the maternity services as indicated by the Montgomery Report involves the full co-operation of the general practitioner obstetric service, the hospital obstetric service and the Town Council's maternity services. It is hoped that early in 1960 consideration may be given to a co-ordinated scheme of these services.

Deaths from Accidents in the Home

During the year there were 20 deaths from accidents in the home, compared with 16 deaths from violence outside the home, including motor vehicle accidents and industrial accidents. The majority of deaths from home accidents occurred at the extremes of life, 6 being infants under one year and 8 in aged persons over 75 years of age. Distribution of propaganda in the form of leaflets, booklets and posters was continued throughout the year.

Tuberculosis

The incidence of tuberculosis and the mortality from this disease continues to decline. For the first time deaths from pulmonary tuberculosis fell below double figures. There were only 6 during the year. Also for the first time no female died of this disease.

68 new cases of pulmonary tuberculosis were notified during the year which is 31 fewer than in 1958.

Two of the main preventive measures in recent years have been B.C.G. Vaccination and Mass X-ray Surveys. B.C.G. Vaccination of suitable contacts and school leavers has been routine practice for 10 years. Preliminary Mantoux testing of school leavers shows that 22% of these children in Burgh schools have been infected with the tubercle bacillus. Three years ago this figure was 32%. The yield of active cases of pulmonary tuberculosis in the Mass X-ray Campaigns of recent years shows that in 1955 there were 2.3 active cases for every thousand persons x-rayed whereas in 1958 there were 1.08 per thousand x-rayed. These facts together with the continual fall in new notifications in 1959 reflect continued improvement in the tuberculosis problem.

Infectious Diseases

There were 7 deaths resulting from influenza during the year, mainly in aged persons. The incidence of notifiable infectious disease was low during 1959.

Venereal Disease

The number of new patients from the Burgh who attended venereal diseases clinics in Lanarkshire during 1959 suffering from venereal disease was less than in 1958.

A total of 36 persons attended the venereal disease clinics during the year.

Vaccination and Immunisation

A total of 899 primary vaccinations against smallpox was carried out during the year, 856 of these being in pre-school children. This represents approximately 58% of the total live births for the year.

924 pre-school children received immunisation against diphtheria. This represents approximately 62% of the total live births for the year.

879 pre-school children received their first immunisation against whooping cough during the year. This represents approximately 59% of the total live births for the year.

Births

There were 1481 live births during 1959 giving a birth rate of 20.4 per thousand of the population.

Marriages

There were 595 marriages during the year giving a marriage rate of 8.2 per thousand of the population. Both the birth and marriage rates show a decrease on those for the previous year.

Food Hygiene

34 cases of food poisoning occurred in 1959. This high incidence resulted from an outbreak of food infection during the summer months when paratyphoid B. fever affected 47 persons. 33 of these were residents in the Burgh while 14 were from parts adjacent to the Burgh. Investigation of the outbreak pointed to artificial cream as the source of infection. Fortunately the illness

was mild to moderately severe and no deaths resulted. A full report of the outbreak is given on page 19. The Food Hygiene (Scotland) Regulations 1959 came into operation during the year. These provided the methods and practices to be adopted by food handlers in order to protect food from contamination. They also provided requirements for food premises themselves. A survey of all food premises was carried out during the year by the Sanitary Inspector's staff and owners or managers were provided with details of the new requirements. Many of the alterations to premises have already been made. These outstanding should be provided by summer of 1960.

Clean Air

A smokeless zone was created in the Coltness redevelopment area (2137 houses) in 1956. This is operated by missive control. All redevelopment areas since then have been smokeless - a policy which is being adopted for all future redevelopment. During 1959 it was agreed to make smokeless the two areas of North Forgewood (1336 houses) and Pather and Thornlie (915 houses).

Three industrial sources made spectacular contributions to atmospheric pollution in the Burgh during the year. The area of Craigneuk in particular suffered excessive pollution in the form of red dust of iron oxide from a sinter plant. Plans to increase dust arrestment equipment in this plant to give 96% efficiency should result in improvement in the early months of 1960.

The second industrial source of pollution resulted from the weekly cleaning out of a producer gas main. It would appear that technical advances in this process would be required before improvement can be expected. The third industrial source was a slag crushing plant from which there was an excessive amount of dust. This was associated with the dry weather conditions which prevailed during the year. It is hoped by enclosing part of this process and by the introduction of a water spray that this dust emission will be reduced to a minimum in the new year.

Poliomyelitis

No case of poliomyelitis arose in the Burgh during 1959. This is gratifying in view of the effort which has been made to give protection against this disease with poliomyelitis vaccination. It is premature however to conclude that the absence of illness is due to the vaccination programme. Poliomyelitis is an infection which has years of high prevalence and years of low prevalence. The hope is that, with the high rate of vaccination, poliomyelitis will be reduced to insignificance in the same way as diptheria has in the past 20 years. By the end of the year 92% of children under 15 years of age in the Burgh had been vaccinated against poliomyelitis. On the other hand only 13% of young adults between 15 and 26 years had been protected. The speed at which poliomyelitis will be eliminated will depend on the degree of protection present in children and adults. With this in mind special vaccination evening sessions and Saturday morning sessions were arranged for young adults in November. At the same time general medical practitioners in the Burgh kept their surgeries open for this purpose during a week of the month of November. The response was disappointing. Meanwhile every effort is made to vaccinate infants in their first year in order to maintain the high rate of protection in children. It is hoped also to arrange a programme of vaccination within the factories of the Burgh during 1960.

Priority Dental Service

The present dental service for expectant and nursing mothers and pre-school children was begun in 1955. In the annual report for 1958 it was pointed out that the number of patients dentally inspected in these priority groups required to be controlled in order to allow time for treatment to be carried out. It was apparent in 1959 that a second dental officer was required. An assistant dental officer was therefore appointed in December 1959.

Routine dental inspection of all expectant and nursing mothers attending ante-natal and post-natal clinics and midwives' consultations and all pre-school children over 2 years of age attending Child Welfare Clinics should therefore be possible in 1960, leaving the dental staff time to treat all who elect to have treatment at the Town Council's two dental clinics.

One feels that the true role of a local health authority dental service is to provide a comprehensive dental service for nursing and expectant mothers. In this way contact with the family is made and subsequent attendance of young children at the dental clinic is facilitated.

Secondly the aim should be to institute routine dental inspection followed by treatment from the age of 2 years up to the age of 7 or 8 years. It is felt that such local authority services combined with the present general dental service and the possible fluoridation of water supplies would play a large part in achieving the best possible dental state of the community.

Regional Hospital Board Services in Town Council Clinics

With the passing of the National Health Service (Scotland) Act 1948 a number of services previously provided by the Town Council became the responsibility of the Regional Hospital Board. Many of these services continued to operate from Town Council clinic premises as for example, the Diabetic Clinic, the Chest Clinic the Eye Clinic and the Ear, Nose and Throat Clinic (including tonsillectomy and adenoidectomy). With the retirement of the ophthalmologist in 1952 the Eye Clinic closed. In 1959, with the retirement of the Physician in Charge of the Diabetic Clinic, this service was transferred to other premises. It is felt that the remaining Regional Hospital Board Services, namely Ear, Nose and Throat and Chest Clinics are desirable in the Town Council's Clinics although the accommodation could be put to health services which are the true responsibility of the Town Council. There is little doubt however that both these Regional Hospital Board Clinics will be removed when alternative accommodation is available. This is particularly undesirable in the case of the Chest Clinic which provides a link between the domiciliary preventive tuberculosis services and the diagnostic and curative services of the Chest Clinic.

Priority Rehousing on Health Grounds

A considerable amount of time is spent each year in assessing health priorities for rehousing. During 1959 the Town Council authorised the allocation of 20 houses to applicants having a tuberculous member in the family. During the year 20 such applicants were recommended for rehousing and 19 had been suitably housed by the end of the year. This is a worth while contribution to the tuberculosis problem.

In addition the Town Council authorised the allocation of three houses per month in respect of ill health (other than tuberculosis) of a member of the family who has lived for at least 2 years in the Burgh. During 1959, 202 such applications were investigated, 28 were recommended and approved and 23 had been suitably housed by the end of the year. This scheme is less satisfactory in that it presents the difficulty of selecting three applicants per month for priority from a wide range of dissimilar disabilities.

150 applications with medical certificates were also received from tenants of Town Council houses for exchange of accommodation on health grounds. In 1959 the number of these requests was exceptionally high from tenants in the North Forgewood flats. It was felt that many of these were based, not so much on true health grounds as on dissatisfaction with the environment of the flats.

Maternity Services

The establishment of midwives was raised from 8 to 9 during the year which gave an average case load of 68 for each midwife per annum. Four weekly mid:wives' consultative sessions were well attended and it proved beneficial to both mother and midwife in that examinations are conducted in surroundings which are conducive to good work. A health visitor was also in attendance at these sessions for the purpose of general health education and mothercraft instruction.

The great weakness in the Burgh maternity services is that all the facilities provided by the general practitioner, the local health authority and the hospital staff are not available to each mother during her pregnancy. This is due to the fact that expectant mothers electing to have their babies at home engage the services of a general practitioner and midwife but do not receive specialist examination as a routine. On the other hand expectant mothers electing to have their babies in hospital have no contact with the general medical practitioner in the ante-natal period. It is hoped that some effort will be made in the following year to implement the main aim of the Montgomery Report which is to regard all the maternity services as a single service by ensuring that all facilities will be available to each mother in her pregnancy.

Radio Active Emergency

A new and unexpected health problem presented itself during the year when three Burgh school boys gained access to and contaminated themselves with radio active waste in the grounds of a factory adjacent to the Burgh in which radium was used in a luminising paint.

The incident though small in scale required prompt action, firstly in the identification of the boys and secondly, in the assessment of their contamination.

Through the efficient action of the Chief Constable the boys were identified within three hours of the reporting of the incident. This was quickly followed by the removal of contamination from their skin and clothing and the assessment of surface contamination. The assessment of possible internal contamination resulting from inhalation or ingesting of radio active dust could only be carried out in a low background chamber in the Radiological Protection Service Centre at Sutton in Surrey. The boys were quickly despatched there in the care of a health visitor. The result showed that there was no evidence of internal contamination in the case of two of the boys and the small degree of contamination in the case of the third was considered insufficient to endanger his health.

The precautions against public access to this radio active waste and the effective disposal of such waste were not matters for this local health authority as the factory was outwith the Burgh boundary. The incident however prompted the Town Council to represent to the Secretary of State the need for sources of radiation and methods of waste disposal in their area being made known to local health authorities. It is understood that early legislation is in fact likely to include the making available of this information. A full report of the incident is given on page 22.

Mental Health

Responsibility for providing and running a Senior Occupational Centre for mentally handicapped persons is undertaken by a Local Voluntary Association for mental health. An instructor for the centre was appointed in December 1959 and a building was adapted for use. Transport and mid-day meals are to be provided from the Association funds while the Town Council have agreed to finance the salary of the Centre staff, the cost of maintenance of the centre and the provision of occupational equipment. The centre will open in February 1960.

Junior occupational centres for mentally handicapped persons are provided in this area by the Education Authority but none exist in the Burgh. It would seem sensible that the Town Council, through a local Voluntary Association or directly should provide a junior occupational centre within its own area so that there would be no lack of continuity between junior and senior occupational centres.

At the end of the year there were 212 mentally ill patients in hospital while 8 were boarded out on probation. This figure has been very constant for the past 10 years. Of the 121 mentally ill patients who were admitted to hospital during the year 101 were admitted voluntarily while 20 required certification.

At the end of the year there were 60 mentally handicapped persons in institutions while 34 were boarded out on licence. Only one mental defective was admitted to an institution during the year.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Clinic – The following table summarises attendances at the Ante-natal Clinic since 1949 –

Year	New Cases	Attendances
1949	842	7,195
1950	648	5,739
1951	734	5,676
1952	839	7,171
1953	793	7,397
1954	798	7,232
1955	843	7,167
1956	953	7,873
1957	987	8,581
1958	882	7,637
1959	868	8,497

Post-natal Clinic – The following table summarises the attendance at the Post-natal Clinic since 1949 –

Year	New Cases	Attendances
1949	650	1,237
1950	552	1,118
1951	495	1,062
1952	653	1,467
1953	654	1,374
1954	666	1,269
1955	640	1,098
1956	722	1,264
1957	705	1,149
1958	800	1,245
1959	726	1,122

CHILD WELFARE CLINIC

Child Welfare Clinic – The following table summarises the attendance at the Child Welfare Clinic since 1949 –

Year	New Cases	Attendances
1949	668	8,892
1950	636	8,202
1951	459	6,362
1952	540	6,867
1953	750	6,322
1954	712	6,257
1955	855	4,964
1956	973	6,646
1957	1,425	7,566
1958	1,897	7,889
1959	1,997	7,628

STILL BIRTHS AND INFANT DEATHS

Perinatal Death Rate

There were 31 neo-natal deaths. This combined with the 27 still births gives a total of 58 perinatal deaths and a perinatal death rate of 39 per thousand total births.

Still Births

During the year 1959 there were 27 still births – the same number as in the previous year. The still birth rate per thousand total births is 18.

The causes this year were:–

Maternal		
Accidental Haemorrhage	5	
Ante-natal Asphyxia	2	
Placental insufficiency	2	
Pre-eclamptic Toxaemia	2	
Rh Negative with antibodies	2	13
Hazards of Birth		
Cord conditions	2	2
Foetal Abnormalities		
Anencephaly	4	
Hydrocephaly	1	
Microcephaly	1	6
Ill-defined		
Maceration	1	
Intra-uterine death	5	6

Total 27.

Infant Deaths

During 1959 there were 48 deaths of infants under the age of one year, which is five more than in 1958.

The infant mortality rate per thousand live births is 32 which is an increase of four per thousand over the previous year.

The number of infant deaths occurring within the first twenty-eight days of life was 31 (64.6%) giving a neo-natal death rate of 21 per thousand live births.

The following table shows the cause of death and the age at death of the 48 infants who died during the year:—

AGE AT DEATH

	WEEKS						MONTHS			
	0-1	1-2	2-3	3-4	Up to 1 month	Over 1 & under 3	3-6	6-9	9-12	Total
Prematurity	14				14					14
Congenital Malformation	3	1			4	1				5
Accidental Asphyxia and Inhalation of Vomit	2				2	3	2			7
Cerebral Haemorrhage	4				4		1			5
Gastroenteritis				1	1	1	1		1	4
Congenital Heart Disease	1				1		1		1	3
Neonatal Asphyxia and Atelectasis	3				3					3
Respiratory Infection							2	1		3
Causes ill-defined or unknown	1			1	2	1		1		4
Total	28	1		2	31	6	7	2	2	48

The following table indicates the number and rate of still births, neonatal deaths and perinatal deaths during the past 4 years.

	Still-births		Deaths in 1st week	Deaths in 2nd, 3rd and 4th weeks	Neonatal Deaths		Perinatal Deaths	
	No.	Rate			No.	Rate	No.	Rate
1956	38	26	26	2	28	19	64	43
1957	34	22	29	6	35	23	69	46
1958	27	17	24	2	26	17	53	35
1959	27	18	28	3	31	21	58	39

DENTAL CARE

The following table summarises the work done:-

	Expectant Mothers	Nursing Mothers	Pre-school Children
Number inspected by Dental Officer	364	248	275
Number found to require treatment	357	247	249
Number accepting treatment	262	240	243
Number actually treated by Dental Officer	234	228	229

A summary by the Dental Officer on the operation of the dental scheme is to be found at the end of the report.

WELFARE FOODS

During the year 1959 the uptake of Welfare Foods was as follows:-

National Dried Milk	30,861 Tins
Orange Juice	33,799 Bottles
Cod Liver Oil	7,741 Bottles
Vitamin Tablets	2,646 Packets

MIDWIFERY

Nine full time midwives were employed during the year 1959.

Notification of Births

The number of live births notified as occurring within the Burgh (including illegitimate) was 1,293 and the number of still-births was 23 giving a total of 1,316 births within the Burgh.

Total number of births occurring in institutions	812
Total number of births occurring at home	504

Administration of Analgesics

Number of midwives in the area qualified to administer analgesics and employed on local health authority work -	9
Number of sets of apparatus in use at 31st December -	3
Number of cases in which gas and air was administered by midwives in domiciliary practice:-	
When doctor was not present at delivery -	1
Number of cases in which pethidine was administered by midwives in domiciliary practice:-	
(1) When doctor was not present at delivery -	324
(2) When doctor was present at delivery -	3
Number of cases in which trilene was administered by midwives in domiciliary practice:-	
(1) When doctor was not present at delivery -	2
(2) When doctor was present at delivery -	1

HEALTH VISITING

Fourteen full time health visitors and one trainee health visitor were employed during the year.

Fifty-six health education talks were given to clubs in the town by health visitors during the year.

The following is a summary of Health Visiting –

Children under 1 year	
Number visited	3,249
Total Visits	22,157
Children between 1-5 years	
Number visited	7,360
Total visits	15,143
Tuberculosis Cases	
Number visited	477
Total visits	1,474
Other Cases	
Number visited	786
Total visits	1,069

Total visits paid 39,843

HOME NURSING

No change took place in the number of home nurses employed during 1959.

The following is a summary of home nursing –

	Medical	Surgical	Diabetic	Total
Number visited	533	92	56	681
Total visits	15,088	3,591	9,140	27,819

Of the 681 cases attended by home nurses during the year 335 were to aged persons and of the 27,819 visits paid, 18,297 were to aged persons. 14,455 visits were for the purpose of giving injections.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The following are the statistics for vaccination in respect of the year – 1959

Number of Primary Vaccinations	
Typical vaccinia greatest at 7th – 10th day	863
Accelerated (vaccinoid) reaction	–
Reaction greatest at 2nd – 3rd day	2
No local reaction	34

Number of re-Vaccinations	
Typical vaccinia greatest at 7th – 10th day	51
Accelerated (vaccinoid) reaction 5th – 7th day	26
Reaction greatest at 2nd – 3rd day	66
No local reaction	12

Immunisation against Diphtheria	
Number of persons completing course	946
Number of maintenance inoculations	192

Poliomyelitis Vaccination

Poliomyelitis vaccination of registered persons continued during the year. By the end of the year 11,094 persons had received three injections. 21,161 persons received two injections and 142 persons received one injection.

B.C.G. Vaccination

Details of B.C.G. vaccination of contacts and school leavers is given under the heading of tuberculosis.

PREVENTION OF ILLNESS - CARE AND AFTERCARE

PARATYPHOID FEVER OUTBREAK

An outbreak of food poisoning due to Salmonella paratyphi B, phage type Taunton occurred in the Burgh between the months of May and August, 1959. It is illustrative of two common difficulties which beset the investigator of outbreaks of this kind, namely, the difficulty of securing bacteriological proof of the infectivity of suspected food due to the time which must elapse between the infecting of the patient and the sampling of the food and secondly, the difficulty of identifying an excretor of the specific organism as the source of infection or as part of the outbreak.

Paratyphoid B. infection has been confirmed in Motherwell and Wishaw during four of the last ten years. The numbers on each occasion have been small, cases being either sporadic or occurring within one family circle. Those which have been phage type have proved to be type Beccles or type 3A. Phage type Taunton is recorded for the first time when three unrelated cases occurred in October 1958. The source of infection was not then identified.

In the outbreak of 1959, 33 cases were confirmed in the Burgh of Motherwell and Wishaw between the months of May and August. At the same time ten cases occurred in parts of the County immediately adjacent to the Burgh, while four occurred in neighbouring Burghs, one of these being a member of the infectious diseases hospital staff. Of the total of 47 cases, Salmonella paratyphi B. was isolated from all but two, one of whom had a positive Widal with no clinical symptoms while the other had a positive Widal with mild clinical illness. 23 cases produced positive blood culture, all of which proved to be phage type Taunton. 19 were males and 28 were females. The ages ranged from 2 to 60 years, although 78% were under 20 years of age. Clinically the illness was mild to moderately severe and no fatalities occurred.

A feature of the outbreak was the complete lack of any pattern in distribution of cases. Cases, as they arose, appeared in widely separated parts of the Burgh and areas adjacent to the Burgh. The scattered nature of the distribution was also apparent in the final picture at the end of the outbreak.

As the investigation proceeded it became apparent that there was one item of diet which was common to all primary cases, namely a product containing artificial cream from a bakery situated within the Burgh. Of the total of 47 it appeared that 23 were primarily infected by this cream and that 20 were secondarily infected from primary cases. The majority of these secondary cases were the result of contact within the family circle. In three instances the source of infection was not discovered and was probably the result of contact with a missed case. The remaining case was a bakery employee who appeared to be the source of infection of the cream.

The scattered geographical distribution of cases indicated that the infection was originating, not from one of the bakery's many branch shops or mobile vans but from the central bakehouse itself. On inspection of the premises it was found that a mixture of the two artificial creams and "mallow" was used in approximately 12 different forms of cream confection. Samples of the two creams, the "mallow" and their mixture all proved negative on bacteriological examination. This was not surprising as, if any of these had been the source of infection, a much more widespread outbreak of paratyphoid fever would have been expected in view of the vast sale of cream products made in the area by this bakery. Samples of various forms of cream cakes also proved negative on becteriological examination. This was also not surprising in view of the time elapsing between the date of infection of the cases and the taking of the samples.

It was apparent that faeces and blood samples would require to be taken from the bakehouse staff which comprised 132 persons. Some of these, in the bakehouse section, were involved solely in the mixing and distribution of cream while others dealt with a particular cream confection. Employees in the despatch section had the responsibility of arranging cakes of various kinds on boards which were then loaded on to vans for distribution to branch shops and for sale from the vans direct to customers. As in any industry of this kind however, there were also those who might handle cream from time to time by assisting during rush periods and standing in for absentees. From the history given by the patients it was clear that no single product containing cream was entirely responsible. In one instance there would be a history of cream sponge having been eaten and in others the history would point to the eating of a cream cookie or cream doughnut. It appeared probable therefore that the cream was being infected by an excretor who was engaged in the intermittent handling of a variety of cream cakes. Even so, it was difficult to select a list of probable suspects and so a nominal roll of all bakery employees, including those on the sick list and those in recent employment, was prepared and from them specimens of faeces and venous blood were sent for bacteriological examination. Most of the work was done in a room set aside in the bakery for this purpose.

One woman in the despatch section, who had been employed in the bakery for many years and who had gone sick on the 13th June, was found to have a positive agglutination reaction with Salmonella paratyphi B. (H agglutination 1 - 15360, O agglutination 1 - 480). She was admitted to hospital where faeces were found to be positive. The organism proved to phage type Taunton. In view of the high agglutination titre it was felt that this woman might have been infectious for some time and that, in all probability, she had been the source of the infection of the cream. The nature of her work as a sorter of different forms of cream cakes in the despatch section fitted the picture. Her duties were to arrange the cakes on boards which were then loaded on to vans for distribution to branch shops and customers throughout the Burgh and adjacent areas. It is understandable that she might handle the cream in only a proportion of the cakes under her supervision. This would account for the scattered, haphazard incidence of cases and also for the different cream products described in the histories of the various patients. Further evidence came from the fact that dates of probable infection of all primary cases in the Burgh could be attributed to the period prior to her leaving the bakery with the exception of the last three notified cases. It was felt that infection of these last three probably resulted from contact with a missed case. There may have been a considerable number of missed cases who, by reason of the mildness of their symptoms, did not seek medical attention. Indeed, several contacts of primary cases, who on investigation proved to be infectious secondary cases, were asymptomatic.

There was therefore no conclusive evidence as to whether this employee was the source of infection or a victim of the outbreak. No other employee in the bakery produced positive results from faeces or blood.

The problem of preventing an outbreak of food poisoning of this kind can be reduced to a simple matter of proper hand washing. Where this can be conscientiously and efficiently carried out the danger, even from an employee with enteric infection, however undesirable, must be slight. The recent Food Hygiene (Scotland) Regulations, 1959, which are aimed primarily at the prevention of such outbreaks, provide the means of ensuring the provision of adequate sanitary conveniences and wash-hand basins in food premises. They also place the responsibility for proper hand washing both on the food handler and on the management.

It is to be hoped that all concerned in the enforcement of the Food Hygiene Regulations will give a prominent place in their efforts to the measures in Section 6 directed towards personal cleanliness and the instructions of Section 15 regarding the avoidance of touching bakers' confectionery filling by hand.

RADIO-ACTIVE EMERGENCY

During the afternoon of Easter Monday three small boys were seen by the watchman on duty in the grounds of a factory which is situated outwith the Burgh but adjacent to the Pather and Thornlie housing scheme. One of the processes of the factory involved the application of radio-active luminous paint to clock hands and dials. The boys on being discovered made off in the direction of the railway line. The next day it was found that a bin containing radio active waste had been interfered with and emptied of most of the waste material.

The waste bin, which took the form of a 50 gallon oil drum, contained three forms of radio active waste, namely, ash from cleaning rags and paper which had been burnt in an adjacent incinerator, bottles containing the dregs of luminising paint and great numbers of discarded hands and dials. The luminising paint was one containing radium and the waste had been accumulated for a period of a little more than a year. The amount of radium missing from the factory in the form of this waste was estimated to be between 10 to 15 mc.

At 6.30 p.m. on the evening of Tuesday 31st March the Factory Medical Officer informed the Medical Officer of Health of these circumstances. After consultation with the Regional Physicist the Factory Medical Officer was of the opinion that there would be considerable risk to the boys' health and that the possibility of radio active material having been taken by the boys may prove dangerous to others.

The Burgh Chief Constable was immediately asked to make a search for the boys in the neighbourhood of the factory and to arrange for a general police warning if they were not found in two hours time. They were in fact identified within three hours of the message from the Factory Medical Officer and were seen in their homes that night by the Medical Officer of Health where it was confirmed that their clothing had been removed and isolated and that the boys themselves had been bathed.

The following day, Wednesday 1st April, the homes of the boys were visited by the Regional Physicist and the Medical Officer of Health. The boys' clothing and persons were monitored. There was a small but definite degree of radio active contamination in each case. The parents accepted the advice that body monitoring would be desirable in view of the possibility that radio active contaminant might have been inhaled or ingested. The articles taken from the factory which had been recovered from the police were also monitored, found not to be dangerous and returned to the factory for disposal. The boys' clothing was disposed of in the same way.

Body monitoring was carried out on Thursday 2nd April, at the Radiological Protection Service, Sutton, Surrey. The physicist in charge reported on the same day that there was no measurable contamination of two of the boys. There was measurable contamination of the third, but well below the level which would endanger his health.

The boys were referred to a physician with special experience of radiation for physical and haemotological examinations. These showed no abnormality.

As a result of the incident representation was made by the Town Council to the Secretary of State on the need for local health authorities being informed of all sources of radiation in their own areas so that appropriate officials could assess in advance, with the help of the physicist, any dangers which might arise from an accident.

At the moment government legislation is awaited which would keep local health authorities informed of registered sources and authorised disposals of waste in their areas.

TUBERCULOSIS

Incidence

During the year 79 notifications of cases of tuberculosis were received. The diagnosis was confirmed in 74 cases. Of these 68 were pulmonary. Classification of confirmed cases according to age group and sex incidence is shown in the statistical tables at the end of the report.

Of the 68 confirmed cases of pulmonary tuberculosis 10 were classified as primary and 58 as post primary. 50 were classified as early acute, 16 as chronic with recent spread and 2 as chronic. 12 of the pulmonary cases suffered from pleural effusion without parenchymal disease.

Of the 68 pulmonary cases 19 were sputum positive, 32 were sputum negative and sputum was absent in 17 cases.

Cavitation was present or suspected in 7 cases. Hilar enlargement was present in 22 cases. Pleural effusion associated with parenchymal disease was present in 2 cases and there was a history of previous pleurisy in 10 cases.

All Tuberculosis

There are 734 persons resident in the Burgh of Motherwell and Wishaw who are known to be suffering from tuberculosis at 31st December, 1959. These are classified according to age and sex in the statistical tables at the end of the report.

Infective Cases

Sputum was examined in 403 cases, tubercle bacilli being present in 42 cases. The number of known infective cases living at home at 31st December, 1959 is 32.

Deaths

There were 9 deaths from tuberculosis during the year 6 respiratory and 3 non-respiratory. Tables giving particulars of the period elapsing between discharges from an institution and death, and deaths and death rates from tuberculosis since 1931 are given in the statistical tables at the end of the report.

The death rate for 1959 is 0.12 per thousand of the population.

Contact Investigation and B.C.G. Vaccination

227 contacts, of whom 175 were children under 15 years of age, were traced

during the year and were offered x-ray of chest. At special contact sessions also held twice weekly in the Airbles Road Clinic Centre 166 persons were tuberculin tested. The following table shows the result obtained from skin testing of contacts under 15 years of age.

	Tuberculin Tested	Positive	Negative
Under 1 year	31	2	29
1 - 4 years	58	3	55
5 - 9 years	46	2	44
10 - 15 years	31	5	26
	166	12	154

Of the 154 negative reactors all were given B.C.G. Vaccination as under. All were successfully converted to tuberculin positive.-

Under 1 year	29
1 - 4 years	55
5 - 10 years	44
Over 10	26
	154
New born babies in Tuberculosis Families	94
	248

B.C.G. Vaccination in Schools - Session 1958-59

The number of children eligible under the Scheme was 1332. Consent for testing and vaccination was received for 1075 children. This figure represents 80.7% of the children eligible under the Scheme.

Of these 1075 children 986 received a preliminary skin test under the School B.C.G. Scheme, 6 were dealt with under the B.C.G. Contact Scheme and 83 failed to attend.

929 children received a preliminary skin test which was read three days later. Of these, 170 were positive (18.3%) and 759 were negative (81.7%).

Of the 759 children all were vaccinated with B.C.G. Vaccine.

Domiciliary Supervision

Cases under supervision	734
Visits by health visitor	1474
Cases nursed at home	37
Home nursing visits	1478

Housing of Tuberculous Persons

19 persons were rehoused during the year on the grounds of tuberculosis. They occupied 4.5 % of the total houses built. The allocation of houses to tuberculous persons is outwith the Town Council's Pointage Scheme.

DOMESTIC HELP SERVICE

During the year 1959, 65 domestic helps were employed. 30 were employed on morning duties only and 35 were employed on morning and afternoon duties. 196 families were given help during the year. The types of cases dealt with were as follows.-

Confinements	8
Eldery Infirm Persons, chronic sick	188
	196

VENEREAL DISEASES

There are two centres at which clinics are held - at Coathill Hospital, Coatbridge and Oak Lodge, Hamilton.

The following figures are furnished by Dr. Hamilton, Consultant Venereologist, and give an indication of the extent of Venereal Diseases in the Burgh during the year 1959.

The number of patients from the Burgh dealt with during the year, at or in connection with the out-patient department, for the first time is as follows.-

	Male	Female
Syphilis	1	-
Gonorrhoea	7	3
Non-specific Urethritis	3	-
Other Venereal Conditions	4	2
Non-Venereal Diseases	10	6

Total number of attendances of all patients residing in the Burgh.-

Male	Female	Total
351	239	590

HOUSING

421 houses were built during the year.

The following houses were occupied during 1959.

	1	2	3	4	5	6	Total
Number of new houses occupied	18	-	326	77	-	-	421
Number of existing houses occupied	20	55	98	45	12	1	231
							652

These houses were occupied as follows.-

Number of families dealt with under O.A.P. Scheme	26
Number of families rehoused from unfit houses	210
Number of families removed from overcrowded houses	238
Number of families rehoused because of tuberculosis	19
Number of families decanted	62
Number of families rehoused on medical grounds	30
Number of families rehoused in 1919 Act houses	17
Number of families rehoused on Town Council Instruction	50
	652

CLINIC ATTENDANCES

Ante-natal Clinic

The following figures show the new cases and attendances at the ante-natal clinics for the year.-

Year	New Cases	Attendances
1959	868	8,497

Post-natal Clinic

The following figures show the new cases and attendances at the post-natal clinics for the year.-

Year	New Cases	Attendances
1959	726	1,122

Child Welfare Clinic

The following table summarises the work -

Year	New Cases	Attendances
1959	1,997	7,628

Vaccination and Immunisation

Number of children vaccinated against smallpox at Clinic during 1959	- 529
Number of children immunised against Whooping Cough, Diphtheria and Tetanus	- 596
Number of children immunised against diphtheria alone at Clinic during 1959	- 5
Diphtheria and Whooping Cough (Combined)	- 256
Number of children vaccinated against poliomyelitis at Clinic during 1959	- 3360
Number of children vaccinated with B.C.G. as contacts at Clinic during 1959	- 248

Dental Clinic

	New Cases	Attendances
Expectant Mothers	364	950
Nursing Mothers	248	1520
Pre-school Children	275	723

Artificial Sunlight Clinic

	New Cases	Attendances
Pre-school Children	6	69
Others	8	135
	14	204

General Clinic

	Cases	Attendances
Various	89	89

X-ray Clinic

	Attendances	X-ray Plates
Tuberculosis	1913	1960
Pre-school children	167	167
Others	3560	3641
	5640	5768

Diabetic Clinic

Owing to the retirement of the Physician in charge this Clinic was discontinued in July, 1959. The following figures shows the new cases and attendances at this clinic from January to July, 1959.

New Cases	Attendances
28	729

Ear, Nose and Throat Clinic

	Children 0 - 5 years	School Children	Total
New Cases	383	524	907
Total Attendances	778	1155	1933
Tonsils and Adenoids removed	273	390	663
Examinations etc.			
Nose	-	-	-
Throat	474	720	1194
Ears	-	-	-

VITAL STATISTICS AND STATISTICAL TABLES

SUMMARY OF VITAL STATISTICS

Population (Registrar General's Estimate)	72,733
Number of live births (Corrected)	1,481
Birth rate per thousand of the population	20.4
Illegitimate birth rate per 100 live births	2.7
Number of deaths (Corrected)	814
Death rate per 1000 of the population	11.2
Death rate adjusted for age and sex distribution	12.9
Number of deaths of infants under one year	48
Infant mortality rate (per thousand live births)	32
Neonatal mortality rate (per thousand live births)	21
Total number of still-births	27
Still-birth rate per 1000 total births	18
Number of deaths from all forms of tuberculosis	9
Death rate from all forms of tuberculosis (per 1000 of population)	0.12
Number of deaths from pulmonary tuberculosis	6
Death rate from pulmonary tuberculosis (per 1000 of population)	0.08
Number of deaths from malignant disease	145
Death rate from malignant disease (per thousand of the population)	2
Deaths from accidents in the home	20

Deaths

The following table shows the corrected death rate since 1931 -

1931	11.5)		1945	12.4)	
1932	12.5)		1946	12.3)	
1933	12.2)		1947	12.1)	
1934	11.8)		1948	10.6)	11.54
1935	11.5)		1949	11.2)	
1936	12.4)		1950	11.5)	
1937	12.2)	12.32	1951	11.6)	
1938	11.3)		1952	11.3)	
1939	12.7)		1953	10.4)	
1940	13.)		1954	11.9)	
1941	11.9)		1955	11.1)	11.3
1942	11.9)		1956	11.1)	
1943	12.2)	12.1	1957	11.1)	
1944	12.1)		1958	10.7)	
			1959	11.2)	

The various causes of death are indicated in the following table -

	Under 5	Over 5	Total
Tuberculosis of respiratory system	-	6	6
Tuberculosis, other forms	-	3	3
Other infective and parasitic diseases	-	2	2
Malignant neoplasms	-	145	145
Benign and unspecified neoplasms	-	1	1
Diabetes mellitus	-	10	10
Anaemias	-	5	5
Other general diseases	-	7	7
Vascular lesions affecting central nervous system	-	133	133
Other diseases of nervous system	1	6	7
Chronic rheumatic heart disease	-	16	16
Arteriosclerotic and degenerative heart disease	-	213	213
Other diseases of heart	-	9	9
Hypertensive heart disease	-	11	11
Other hypertensive disease	-	8	8
Other circulatory disease	-	22	22
Influenza	-	7	7
Pneumonia (except of newborn)	4	22	26
Bronchitis	1	36	37
Other respiratory diseases	-	8	8
Ulcer of stomach and duodenum	-	8	8
Appendicitis	-	2	2
Intestinal obstruction and hernia	-	6	6
Diarrhoea (except of newborn)	3	-	3
Cirrhosis of liver	-	2	2
Other diseases of liver	-	4	4
Other digestive diseases	1	4	5
Nephritis and nephrosis	-	5	5
Hyperplasia of prostate	-	6	6
Other diseases of genito-urinary sytem	1	6	7
Puerperal sepsis including abortion with sepsis	-	1	1
Other puerperal causes	-	2	2
Diseases of skin and organs of locomotion	-	3	3
Congenital malformations	10	3	13
Birth injuries, post-natal asphyxia and atelectasis	18	-	18
Other diseases peculiar to early infancy and immaturity unqualified	6	-	6
Senility without mention of psychosis	-	10	10
Ill-defined and unknown causes	-	1	1
Suicide and self-inflicted injury	-	2	2
Motor vehicle accidents	-	9	9
Accidents in the home	8	12	20
Other violence	-	5	5
	53	761	814

The following table gives the age period at which deaths occurred from cancer during the year 1959 -

Age	No. of Deaths	% of Deaths
1 - 14	-	-
15 - 24	-	-
25 - 34	2	1.4
35 - 44	6	4.1
45 - 54	27	18.6
55 - 64	33	22.8
65 - 74	48	33.1
75 - 84	25	17.2
85 and over	4	2.8

Infant and Maternal Mortality

The following table shows infant mortality rates per 1,000 live births and the number of infant deaths since 1931 -

Year	Total Live Births	Infant Deaths	Infant Mortality Rate	
1931	1,404	93	86)	
1932	1,366	129	94)	
1933	1,326	134	101)	87.2
1934	1,353	119	88)	
1935	1,299	86	66)	
1936	1,304	119	91)	
1937	1,350	97	72)	
1938	1,322	80	61)	76
1939	1,279	116	91)	
1940	1,297	84	65)	
1941	1,382	101	73)	
1942	1,292	91	70)	
1943	1,357	93	69)	66
1944	1,446	78	54)	
1945	1,234	78	64)	
1946	1,473	80	54)	
1947	1,659	107	64)	
1948	1,499	62	41)	47
1949	1,446	57	39)	
1950	1,313	50	38)	
1951	1,183	48	41)	
1952	1,288	40	31)	
1953	1,347	32	24)	
1954	1,307	43	33)	
1955	1,372	35	26)	31
1956	1,445	40	28)	

Year	Total Live Births	Infant Deaths	Infant Mortality Rate
1957	1,493	56	38)
1958	1,532	43	28)
1959	1,481	48	32)

There were 27 still-births during the year 1959, giving a still-birth rate of 18 per 1,000 total births. The still-birth rates since 1949 are as follows -

1949	27
1950	29
1951	30
1952	32
1953	23
1954	23
1955	16
1956	26
1957	22
1958	17
1959	18

The following table shows the maternal deaths and maternal mortality rate per 1,000 live births since 1931 -

Year	No. of Maternal Deaths	Maternal Mortality Rate	
1931	9	6.4)	
1932	12	8.5)	
1933	10	7.5)	7.5
1934	10	10.3)	
1935	9	6.9)	
1936	6	4.6)	
1937	7	5.2)	
1938	5	3.8)	6.2
1939	2	1.5)	
1940	6	4.4)	
1941	6	4.2)	
1942	4	2.9)	
1943	3	2.1)	3.
1944	4	2.6)	
1945	3	2.3)	
1946	3	1.9)	
1947	2	1.2)	
1948	1	0.7)	1.8
1949	3	2.0)	
1950	2	1.5)	

Year	No. of Maternal Deaths	Maternal Mortality Rate	
1951	3	2.5)	
1952	1	0.8)	
1953	-	-)	1.4
1954	1	0.76)	
1955	1	0.73)	
1956	2	1.38)	
1957	1	0.67)	
1958	-	-)	.71
1959	3	2.02)	

Births

During the year the live births numbered 1,481 giving a birth rate of 20.4

The following table shows the number of live births and birth rates since 1931 -

Year	Total Live Births	Birth Rate per 1,000 of Population	
1931	1,404	20.6)	
1932	1,366	21.6)	
1933	1,326	20.6)	20.46
1934	1,353	20.5)	
1935	1,299	19.6)	
1936	1,307	19.7)	
1937	1,350	20.0)	
1938	1,327	19.5)	19.46
1939	1,279	18.8)	
1940	1,297	19.3)	
1941	1,382	20.1)	
1942	1,292	18.8)	
1943	1,357	19.7)	19.44
1944	1,446	20.8)	
1945	1,234	17.8)	
1946	1,473	21.2)	
1947	1,659	23.7)	
1948	1,499	21.2)	
1949	1,466	20.5)	
1950	1,313	18.7)	21.06
1951	1,183	17.3)	
1952	1,288	18.6)	
1953	1,347	19.4)	
1954	1,307	18.8)	
1955	1,372	19.6)	18.74
1956	1,445	20.4)	

Year	Total Live Births	Birth Rate per 1,000 of Population
1957	1,493	20.9)
1958	1,532	21.2)
1959	1,481	20.4)

Marriages

The number of marriages in 1959 was 595 which gave a marriage rate of 8.2 per 1,000 of population.

The following table shows the number of marriages and marriage rates since 1931 -

Year	No. of Marriages	Marriage Rate per 1,000 of Population	
1931	381	5.9)	
1932	396	6.0)	
1933	444	6.7)	
1934	461	7.0)	
1935	436	6.6)	
1936	481	7.2)	
1937	506	7.5)	8.4
1938	511	7.6)	
1939	504	7.4)	
1940	706	10.5)	
1941	660	9.6)	
1942	651	9.5)	
1943	534	7.7)	
1944	505	7.3)	
1945	695	10.0)	
1946	613	8.8)	
1947	617	8.8)	
1948	597	8.5)	8.76
1949	613	8.7)	
1950	633	9.0)	
1951	657	9.7)	
1952	618	8.9)	
1953	595	8.6)	
1954	566	8.2)	
1955	650	9.3)	8.94
1956	676	9.6)	
1957	606	8.5)	
1958	622	8.6)	
1959	595	8.2)	

Tuberculosis

The following table gives the confirmed cases of tuberculosis in 1959 classified according to age group and sex incidence.

Pulmonary

	Male	Female	Total
Under 5 years	2	2	4
5 - 14 years	4	4	8
15 - 24 years	4	11	15
25 - 34 years	4	6	10
35 - 44 years	5	5	10
45 - 54 years	4	2	6
55 - 64 years	8	1	9
65 and over	4	2	6
	35	33	68

Non-Pulmonary

	Male	Female	Total
Under 5 years	-	-	-
5 - 14 years	-	-	-
15 - 24 years	1	1	2
25 - 34 years	-	1	1
35 - 44 years	1	-	1
45 - 54 years	-	-	-
55 - 64 years	-	-	-
65 and over	1	1	2
	3	3	6

Total Pulmonary and Non-Pulmonary

	Male	Female	Total
Under 5 years	2	2	4
5 - 14 years	4	4	8
15 - 24 years	5	12	17
25 - 34 years	4	7	11
35 - 44 years	6	5	11
45 - 54 years	4	2	6
55 - 64 years	8	1	9
65 and over	5	3	8
	38	36	74

The following table shows the number of cases of tuberculosis confirmed annually since 1931 -

Year	Pulmonary		Non-Pulmonary		Total		
	Cases	Rate	Cases	Rate	Cases	Rate	
1931	70	1.07	42	.64	112	1.71)	
1932	74	1.13	51	.77	125	1.90)	
1933	69	1.04	48	.72	117	1.76)	1.79
1934	67	1.00	53	.78	120	1.78)	
1935	73	1.08	43	.64	116	1.72)	
1936	71	1.09	51	.78	122	1.87)	
1937	73	1.12	33	.50	106	1.62)	
1938	65	.99	43	.65	108	1.64)	1.72
1939	74	1.13	40	.61	114	1.74)	
1940	63	.96	37	.56	100	1.52)	
1941	71	1.08	37	.56	108	1.64)	
1942	99	1.40	36	.56	135	1.96)	
1943	98	1.54	42	.66	140	2.20)	1.81
1944	112	1.76	34	.53	146	2.29)	
1945	133	2.07	24	.37	157	2.44)	
1946	168	2.52	32	.48	200	3.00)	
1947	127	1.81	18	.25	145	2.06)	
1948	131	1.85	15	.21	146	2.06)	2.37
1949	131	1.85	21	.29	152	2.14)	
1950	168	2.40	29	.40	197	2.80)	
1951	192	2.82	17	.25	209	3.07)	
1952	138	2.02	23	.34	161	2.36)	
1953	150	2.17	15	.22	165	2.39)	2.55
1954	123	1.78	22	.32	145	2.1)	
1955	103	1.47	15	.21	118	1.69)	
1956	86	1.2	7	.1	93	1.3)	
1957	76	1.06	9	.13	85	1.19)	
1958	99	1.4	12	.17	111	1.57)	1.57
1959	68	.94	6	.08	74	1.02)	

There were 734 persons resident in the Burgh of Motherwell and Wishaw known to be suffering from tuberculosis at 31st December, 1959. These are classified according to age and sex as shown in the following table. The pulmonary cases include persons suffering from pleurisy with effusion.

Pulmonary

	Male	Female	Total
Under 5 years	3	2	5
5 - 14 years	15	19	34
15 - 24 years	61	79	140
25 - 34 years	91	135	226
35 - 44 years	55	78	133
45 - 54 years	41	24	65
55 - 64 years	39	12	51
65 and over	27	7	34
	332	356	688

Non-Pulmonary

	Male	Female	Total
Under 5 years	-	-	-
5 - 14 years	-	2	2
15 - 24 years	7	6	13
25 - 34 years	6	13	19
35 - 44 years	4	2	6
45 - 54 years	1	2	3
55 - 64 years	-	1	1
65 and over	1	1	2
	19	27	46

Total Pulmonary and Non-Pulmonary

	Male	Female	Total
Under 5 years	3	2	5
5 - 14 years	15	21	36
15 - 24 years	68	85	153
25 - 34 years	97	148	245
35 - 44 years	59	80	139
45 - 54 years	42	26	68
55 - 64 years	39	13	52
65 and over	28	8	36
	351	383	734

Deaths from Tuberculosis

There were 9 deaths from tuberculosis during the year, 6 being respiratory and 3 non-respiratory. The following table gives particulars of the persons who died during the year to show -

Period elapsing between notification and death.

	Male	Female	Total
Not notified or notified only at or after death	4	1	5
Notified less than one month before death	-	-	-
Notified 1 to 3 months before death	-	-	-

	Male	Female	Total
Notified from 3 - 6 months before death	-	-	-
Notified from 6 - 12 months before death	-	-	-
Notified from 1 to 2 years before death	-	-	-
Notified over 2 years before death	4	-	4
	8	1	9

Age at Death

Under 5	-
5 - 14	-
15 - 24	-
25 - 34	-
35 - 44	1
45 - 64	6
65 and over	2
	9

The following table shows the deaths and death rate per 1,000 of the population from tuberculosis since 1931 -

Year	Pulmonary		Non-Pulmonary		All Tuberculosis		
	Deaths	Rate	Deaths	Rate	Deaths	Rate	
1931	29	.43	18	.27	47	.70)	
1932	27	.41	10	.15	37	.56)	
1933	42	.63	14	.21	56	.84)	.70
1934	30	.42	15	.25	43	.67)	
1935	39	.59	8	.12	47	.71)	
1936	34	.52	17	.25	51	.78)	
1937	39	.58	6	.09	45	.67)	
1938	33	.49	18	.27	51	.76)	.72
1939	46	.68	24	.35	70	1.03)	
1940	43	.67	12	.18	55	.85)	
1941	39	.60	17	.26	56	.86)	
1942	42	.65	12	.19	54	.84)	
1943	35	.55	14	.22	49	.77)	.87
1944	44	.69	18	.29	62	.98)	

Year	Pulmonary Deaths	Pulmonary Rate	Non-Pulmonary Deaths	Non-Pulmonary Rate	All Tuberculosis Deaths	All Tuberculosis Rate	
1945	48	.75	12	.19	60	.94)	
1946	55	.83	13	.19	68	1.02)	
1947	62	.98	13	.18	75	1.07)	
1948	47	.67	10	.14	57	.81)	.96
1949	61	.86	6	.09	67	.95)	
1950	41	.59	11	.15	52	.74)	
1951	34	.50	6	.09	40	.59)	
1952	19	.28	2	.02	21	.30)	
1953	18	.26	5	.07	23	.33)	.58
1954	13	.19	3	.04	16	.23)	
1955	10	.14	2	.03	12	.17)	
1956	16	.23	1	.01	17	.24)	
1957	11	.15	-	-	11	.15)	
1958	10	.14	3	.04	13	.18)	.19
1959	6	.08	3	.04	9	.12)	

Hospital Accommodation -

Respiratory Tuberculosis

The following table indicates the number of patients who received institutional treatment during the year -

	In Hospital on January 1st	Admitted during Year	Discharged during Year	Died in Hospital	In Hospital on December 31st
Under 15 years					
Male	1	7	8	-	-
Female	4	4	5	-	3
15 - 45 years					
Male	18	20	26	-	12
Female	17	25	41	-	1
45 years and over					
Male	14	19	23	4	6
Female	5	15	16	-	4
	59	90	119	4	26

Non-Respiratory Tuberculosis

	In Hospital on January 1st	Admitted during Year	Discharged during Year	Died in Hospital	In Hospital on December 31st
Under 15 years					
Male	-	-	-	-	-
Female	1	2	1	-	2
15 - 45 years					
Male	1	4	4	-	1
Female	2	3	5	-	-
45 years and over					
Male	-	-	-	-	-
Female	-	4	2	1	1
	4	13	12	1	4

BURGH OF MOTHERWELL AND WISHAW

MENTAL HEALTH SERVICE

Statement showing number of mentally ill and mentally handicapped patients dealt with under the mental deficiency and lunacy acts for year ended 31st December, 1959.

(A) MENTALLY ILL

	Males	Females	Total
Number of Patients as at 1st January, 1959	117	108	225
Added during year	60	61	121
	177	169	346

Ceased during year.-

	Males	Females			
By Death	10	8			
By Discharged Recovered	11	10			
By Discharged at own request	45	49			
By Ceased otherwise	1	-	67	67	134
Number of Patients as at 31st December, 1959			110	102	212

OF WHOM.-

	Males	Females	Total
Boarded-out in Private Dwellings including Patients liberated on probation	2	6	8
In Hartwood Mental Hospital	108	93	201
In Hawkhead Mental Hospital	-	1	1
In licensed Wards of Institutions	-	2	2
	110	102	212

(B) MENTALLY HANDICAPPED

	Males	Females	Total
Number of Patients as at 1st January, 1959	46	50	96
Added during year	1	-	1
	47	50	97

Ceased during year.-

	Males	Females			
By Death	-	1			
By Dismissal	-	2	-	3	3
Number of Patients as at 31st December, 1959			47	47	94

OF WHOM.-

	Males	Females	Total
Boarded-out in Private Dwellings including Patients liberated on Licence	19	15	34
In Birkwood Certified Institution	8	10	18
In Kirklands " "	12	12	24
In Larbert " "	3	1	4
In Lennox Castle " "	3	2	5
In St. Aiden's " "	2	-	2
In St. Charles' " "	-	3	3
In St. Joseph's " "	-	2	2
In Waverley Park " "	-	1	1
In Coathill Hospital " "	-	1	1
	47	47	94

Factories Act, 1937 to 1959

Premises	Number on Register	Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(1) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities	31	19	–	–
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	235	116	–	–
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	14	19	–	–
	280	154	–	–

The following table gives particulars of the defects which were found –

Particulars	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector	Number of cases in which Prosecutions were instituted
Want of Cleanliness (S.1)	1	1	–	–	–
Inadequate ventilation (S.4)	2	2	–	–	–
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	–	1	–
(b) Unsuitable or defective	6	6	–	–	–
(c) Not separate for sexes	1	1	–	1	–
Other offences against the Act (not including offences relating to Out-work)	1	1	1	–	–
	12	12	1	2	–

ANNUAL REPORT BY THE DENTAL OFFICER

Dental Arrangements during 1959

As in 1958 the dental clinics at Motherwell and Wishaw were operated on a part-time basis. In each clinic, one session per week was made available for the inspection of new cases and four sessions per week were devoted to actual treatment. Part of the Tuesday morning session at Wishaw and the Wednesday morning session at Motherwell were reserved for the extraction of teeth under general anaesthesia. Identical services thus existed in both of the Town Council's Dental Clinics.

Inspection of Patients

The position had been reached, as early as 1957, when the number of the priority classes inspected during the year had to be controlled in order that treatment could be carried out on those patients who had elected to have treatment at the Clinics. This necessary control was again effected by limiting inspections of expectant mothers, the mainspring of the service, to one session per week. This inspection session coincided with one of the two ante-natal clinics which are held weekly in both the Motherwell and Wishaw clinics. Routine dental inspections were thereby restricted to approximately half of this group. The remainder and the other groups, nursing mothers and pre-school children, were referred for dental examination at the same expectant mothers' session mainly because treatment was obviously required or specifically requested.

Though not desirable the above arrangement was again the only one practicable in 1959 due to staffing difficulties. Although the Town Council had approved the appointment of an assistant dental officer early in February it was only after repeated advertising that the post was finally filled in December. Only for two weeks in the year were both dental clinics operated on a full-time basis.

It should however be possible in 1960 to examine routinely all expectant mothers attending the ante-natal clinics and midwives' consultations and most nursing mothers through the co-operation and efforts of the Health Visitors while engaged on domiciliary visiting, and pre-school children over 2 years of age through attendance at Child Welfare Clinics and through mothers undergoing dental treatment. It will however be the policy to concentrate on the routine examination of the expectant mother as this group provides the first contact with the other groups in the Priority Classes.

Sources of patients

The following table provides details of the various sources of the patients inspected during the year. Under "Nursing Mothers" who attended of their own choice, are included those mothers who, having commenced or completed treatment in the Ante-natal period, returned for inspection and treatment in the Post-natal period.

Sources of Patients Inspected During the Year

Sources	Expectant Mothers	Nursing Mothers	Pre-School Children
Child Welfare and Ear, Nose and Throat Clinics	-	-	2
Ante-natal and Post-natal Clinics	310	-	-
Health Visitors and Midwives	7	39	72
General Medical and Dental Practitioners	4	11	6
Patients' own choice	43	198	195
	364	248	275

Patients' decisions as to future treatment were classified as follows at their initial inspection.

	Expectant Mothers	Nursing Mothers	Pre-school Children
No treatment required	7	1	26
Treatment at Dental Clinics accepted	262	243	249
Treatment by General Dental Practitioner preferred	31	-	-
Treatment refused	64	4	-
	364	248	275

The above table is not necessarily accurate as patients who accepted treatment when first seen, subsequently did not return to have treatment and conversely, patients who refused treatment in the first instance, returned for treatment.

The precise number of patients actually treated was as follows.-

	Expectant Mothers	Nursing Mothers	Pre-school Children
No. actually treated	234	228	229

Treatment carried out during the year

Details of the inspections carried out and a summary of the work done on those patients who attended the Dental Clinics can be shown by means of the following tables.-

(1) Inspections

Expectant Mothers		Nursing Mothers		Pre-school children							
				-2 yrs.		2-3 yrs.		3-4 yrs.		4-5 yrs.	
TR	NTR	TR	NTR	TR	NTR	TR	NTR	TR	NTR	TR	NTR
357	7	247	1	13	8	51	9	99	7	86	2

TR - treatment required

NTR - no treatment required

(2) Treatment

	EXTRACTS.		No. of General Anaesthetics administered	FILLINGS		Teeth treated with silver nitrate	Inlays	Crowns	Scalings	Other Treatments	Total Attendances
	Local Anaesthetic	General Anaesthetic		Synthetic	Amalgam						
Expectant Mothers	49	404	79	126	598	-	5	1	69	125	950
Nursing Mothers	25	1174	118	146	445	-	7	3	97	735	1520
Pre-school Children	4	353	136	14	327	423	-	-	-	109	723
TOTALS	78	1931	333	286	1370	423	12	4	166	969	3193

(3) The following table shows in detail the denture work which was carried out.-

	DENTURES					REMODELS			REPAIRS		
	Upper	Lower	Partials		No. of Persons supplied	Upper	Lower	Partial	Upper	Lower	Partial
			Upper	Lower							
Expectant Mothers	4	2	8	1	12	1	1	-	-	-	3
Nursing Mothers	112	87	18	7	133	1	2	1	7	2	5
TOTALS	116	89	26	8	145	2	3	1	7	2	8

Equipment

In accordance with the policy of maintaining the dental equipment in keeping with modern dental standards, air-turbine dental units were installed in both clinics in January 1959. These are operated from air compressors which are sited in rooms adjacent to the surgeries. With these units, conservative treatment can be undertaken with no vibration and little discomfort to the patient. It is worthy of note that this Local Authority was probably the first in Scotland to realise the potentialities of this new type of equipment and to have it installed in its dental surgeries.

Provision of Dentures

During 1959, 145 patients had 239 new dentures supplied to them free of charge from the clinics. Every year approximately one third of the total number of expectant and nursing mothers who receive treatment at the Town Council's dental clinics require to be fitted with a denture or dentures. It is regrettable that, in spite of the general dental service, dental health talks on radio and television, toothpaste advertisements and the Burgh's own dental scheme, dentures require to be fitted to so many young mothers. It is apparent that there is a disinclination on the part of young mothers amounting almost to a prejudice against having conservative treatment. Many prefer to wait until late in the post-natal period before seeking dental attention. This results in the loss of teeth and their replacement by dentures. I am of the opinion that all those associated with the ante-natal care of mothers namely medical practitioners, nurses, health visitors, etc., should continually emphasise and educate mothers to the importance of early dental care during pregnancy.

Expectant and Nursing Mothers

Of the expectant mothers who were dentally examined at the clinics during the year, 98% required treatment, and 90% of those accepting treatment were actually treated. Only 33% however completed their course of treatment before the birth of their babies and there are several reasons for this. Many mothers attended for extraction of teeth only, others discontinued treatment in the later months of pregnancy for various reasons, while others left insufficient time between their request for dental attention and their confinement to enable treatment to be completed. Nevertheless many returned in the post-natal period to continue treatment. The earliest possible routine dental inspection of expectant mothers is clearly desirable.

Although 38% of the nursing mothers had also been seen (not necessarily treated) in the ante-natal period, all but one required dental attention. 94% of them received treatment and 86% completed treatment. Where the mother had had treatment in the ante-natal period very little attention was necessary but others were being seen for the first time in the post-natal period and many teeth were extracted which might otherwise have been saved. In too many cases the complete extraction of teeth was the only treatment possible. More persistent efforts on the part of the Health Visitors and Midwives engaged in domiciliary confinements will be necessary to make mothers who have their babies at home, the worst offenders in this respect, more dentally conscious and to impress upon them the need of seeking dental care early in their pregnancy.

Pre-school Children

93% of the pre-school children dentally inspected during 1959 were found to require treatment and 89% of them actually received treatment. 69% of those seen had had no previous dental treatment. In spite of this, fewer teeth were extracted and more teeth were conserved per child than in any year since the inception of the scheme. Teeth extracted averaged 1.5 per child compared with 2.2 in 1958, 2.5 in 1957 and 1956, and 3.5 in 1955 the year in which the present dental service was inaugurated.

As had been hoped, many children were brought for dental inspection at an earlier age than was the case some years ago. This is due to the fact that more mothers are taught by the Health Visitor to realise the importance of the temporary dentition of the child. This is also strongly emphasised to mothers during the course of their own dental treatment at the clinics. Many mothers however do not appreciate that early loss of temporary teeth often causes irregularities in the permanent dentition. As a result, these mothers tend to bring their children only in order that pain may be relieved. Nevertheless 66% of the total children seen, did have their course of treatment completed and were made dentally fit during the year.

If the practice was established of having regular dental inspection from the age of 2 years, this, together with simple oral hygiene and the adequate provision of fluorine in the public water supply, would undoubtedly enable the citizens of tomorrow to enjoy better dental health than those of to-day.

Acknowledgements

I should like to thank members of the Town Council and in particular, members of the Health Committee, the Medical Officer of Health, and the staff of the Health Department for their co-operation in promoting the continued development of the Town Council's dental service.